

# Best Available Copy

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)</b>							<b>SERIAL NO.</b>	<b>FILING DATE</b>					
							<b>APPLICANT(S)</b>						
<b>CLAIMS</b>													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
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<b>TOTAL IND.</b>	1						<b>TOTAL IND.</b>						
<b>TOTAL DEP.</b>		1					<b>TOTAL DEP.</b>		1				
<b>TOTAL CLAIMS</b>							<b>TOTAL CLAIMS</b>						